

PLEASE COMPLETE:

RO# _____

Owners Name: _____

Contact Number # _____

Email: _____

Vehicle: _____
Year Make Model VIN #

Ins. Claim # _____ Date of Loss: _____

Deductible amount \$ _____

Drop-off date: _____ **Time:** _____ **Customer Initials** _____

Pick-up date: _____ **Time:** _____ **Customer Initials** _____

I hereby authorize the repair work herein set forth to be done along with the necessary material. I also agree that **Premier Collision Center** is not responsible for the loss or damage to my vehicle and/or articles left in vehicle in a case of fire, theft, vandalism or any other cause beyond their control or for any delays caused by the unavailability of parts or delays in parts shipments by the supplier/transporter. I hereby grant you and/or your employees permission to operate the whole herein described on streets, highways or otherwise for the purpose of testing and/or inspection. An express mechanics lien is hereby acknowledged on vehicle to secure the amount of repairs thereto. **I further authorize any/all payments from the insurance carrier (if applicable) to be paid directly to Premier Collision Center.**

NOTICE:

If your payment is being paid based on an insurance claim and the insurance check is sent directly to you, please retain the check for endorsement/payment to Premier Collision Center when you pick up your vehicle. All payments by credit card in lieu of the actual insurance check are **subject to a 4% surcharge fee**. This fee does not apply to insurance deductibles and/or payments by personal check, debit card, money order or cash.

Customer Signature:

Date: